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## PARTNERSHIPS

**The adult services specialist has a critical role in developing and maintaining partnerships with community resources.**

To facilitate these partnerships the adult services specialist will:

- Advocate for programs to address the needs of clients.
- Emphasize client choice and quality outcomes.
- Encourage access and availability of supportive services.

Work cooperatively with other agencies to ensure effective coordination of services.

Coordinate available resources with home help services in developing a services plan that addresses the full range of client needs.

The Medicaid State Plan program for personal care services is home help. MA recipients seeking personal care services must first apply for home help.

## COMMUNITY MENTAL HEALTH (CMH)

Many clients are eligible for home help services while also receiving mental health services through the local community mental health services programs (CMHSPs) or prepaid inpatient health plans (PIHPs).

Clients, who live in unlicensed settings where home help services may be provided, include:

- Own home/apartment, either living alone or with roommates or relatives. Client's name is on the lease or mortgage.
- Home of a family member.
- Supported independent setting (formerly called SIP homes). The lease is held by an individual that is **not** also the provider of other services such as home help.

**Note:** The instrumental activities of daily living in shared living arrangements must be divided by **one half**.

### ***Community Living Supports (CLS)***

Clients eligible for home help services authorized by the adult services specialist may also receive community living supports (CLS) authorized through the local community mental health services programs (CMHSPs) or prepaid inpatient health plans (PIHPs). Community living supports services cannot **duplicate** or **replace** home help services.

The client's plan should clearly identify where home help and community living supports are **complementary**. The adult services specialist determines the need for services based on the DHS-324, Adult Services Comprehensive Assessment. If the client is receiving the maximum authorized through home help and still needs additional hands on assistance with some ADLs and/or IADLs in order to remain at home, community living supports services may be used to provide that additional direct physical assistance which exceeds the cost of care determined by the MDHHS comprehensive assessment.

Unlike home help, which only provides direct hands on assistance with ADLs and IADLs, community living supports services typically are used for skill development or supervision. In such situations, the use of both home help and community living supports is permitted as the services are **different** and **not a duplication**.

The community living supports services may not supplant or replace home help services. The client must exhaust all available services under home help before seeking community living supports.

## **HOME HEALTH CARE**

Home health services, ordered by a physician, are provided by a Medicare certified home health agency. To enroll with Medicaid, home health agencies must be Medicare certified. This is accomplished through an accrediting agency such as Accreditation Commission for Health Care (ACHC) or Community Health Accreditation Partner (CHAP).

### ***Funded By Medicaid***

Medicaid will pay for the following services for eligible clients:

- Nursing services provided by or under the supervision of a registered nurse on an intermittent basis including, but not limited to:
  - Administration of prescribed medications which cannot be self-administered.
  - Changing of in-dwelling catheters.
  - Applications of dressings involving prescribed medications and aseptic techniques.
  - Teaching the beneficiary, available family member, willing friend or neighbor and/or caregiver to carry out nursing services.
  - Observation and evaluation of a beneficiary whose condition is unstable or to ensure stability of a beneficiary who has an established disability or frail condition.
- Physical therapy.
- Occupational therapy.
- Medical supplies, durable medical equipment and appliances when provided in conjunction with nursing, physical therapy or occupational therapy services.
- Aide services when provided in conjunction with nursing and /or therapy services.

If aide services are ordered without an accompanying need for nursing services, personal care by a home help provider may be more appropriate. Home health policy does not allow aide services without the need for nursing or physical therapy services.

Questions regarding home health services or possible duplication of services should be directed to:

Michigan Department of Health and Human Services  
Long Term Care Services Policy Section  
Medicaid Policy Division  
Capitol Commons Building  
400 S. Pine Street  
Lansing, MI 48909  
Providersupport@michigan.gov

***Funded by Medicare***

Medicare may cover home health services for persons who are:

- Over age 65.
- Some disabled people under age 65.
- People of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant).

Medicare can pay for the following part-time and/or intermittent services if medically necessary and ordered by a physician:

- Skilled nursing services.
- Physical therapy.
- Speech therapy.
- Medical social work.
- Home health aide.
- Occupational therapy.

If the client needs any of the above services Medicare may also cover medical supplies and/or durable medical equipment if necessary and ordered by physician.

Home help personal care services may be authorized in addition to home health care as long as they do not duplicate services provided by the home health agency.

**Example:** Mr. Brown receives assistance with bathing from the home health aide on Monday, Wednesday and Friday. The adult services specialist may approve assistance for bathing for the remaining days, if needed.

**AREA AGENCIES  
ON AGING (AAA)**

Refer clients 60 years and older who are **not** Medicaid eligible to an Area Agency on Aging (AAA) for personal care/chore services.

For a list of Michigan's sixteen area agencies on aging and the services they provide go to <http://www.michigan.gov/miseniors>.

**MI CHOICE  
WAIVER**

The MI Choice waiver program provides home and community-based services for individuals:

- Aged (65 and over) and disabled persons 18 and over who meet the MA nursing facility level of care.
- Who require at least two MI Choice services on a continual basis, one of which must be supports coordination.
- Meet Medicaid financial eligibility criteria; see BEM 106.

The Michigan Department of Health and Human Services, Home and Community Based Services Section, administers the waiver through contracts with Pre-paid Ambulatory Health Plan (PAHP), commonly referred to as waiver agencies. For a list of the waiver agencies see **Exhibit I in BEM 106**.

Services covered under the waiver include:

- Adult day health.
- Chore services.
- Community living supports.
- Community transition services.
- Counseling.
- Environmental accessibility adaptations.
- Fiscal intermediary.
- Goods and services.
- Non-medical transportation.
- Nursing services.
- Personal emergency response systems.
- Private duty nursing.
- Respite.
- Specialized medical equipment and supplies.
- Supports coordination.
- Training.

MI Choice participants **cannot** receive services from both the **home help program** and the **waiver** as this is a duplication of Medicaid services. The level of care (LOC) code for the MI-Choice waiver is **22**.

## HOSPICE

Hospice provides palliative and supportive services to meet physical, psychological, social and spiritual needs of terminally ill patients and their families. The care focuses on pain control, comfort and emotional support for the dying person and his family. Most of the care is provided in the person's home.

Conditions of eligibility for hospice care paid by Medicaid:

- A doctor **must** certify the person has six months or less to live.
- The person must know about the illness and about how long he or she is expected to live.
- The person must choose to receive hospice services.

Home help personal care services may be authorized to a client living at home in addition to hospice care as long as they do not duplicate services provided by hospice.

**Example:** Mr. Brown receives assistance with bathing from hospice on Monday, Wednesday and Friday. The adult services specialist may approve assistance for bathing for the remaining days, if needed.

The hospice **must** contact the local office if personal care services are needed. A written plan of care must be requested from hospice services. Review the hospice plan of care to assure services are not duplicated. Determine what services to authorize and provide documentation in the client's service plan.

The level of care (LOC) code for the hospice program is **16**.

#### HOME HELP FOR FAMILY INDEPENDENCE (FIP) GROUP MEMBERS

If it appears that a member of the FIP group needs home help services, the family independence specialist (FIS) will make a services referral to the adult services unit. Follow referral and case opening procedures. Home help services for FIP group members are provided for the group member who meets home help eligibility requirements.

#### TRAUMATIC BRAIN INJURY (TBI)

Clients with traumatic brain injury in adult community placement (ACP) may qualify for MI Choice services within the residential setting. See ASM 085, Coordination with Other Agencies.

## ADOPTION SUBSIDY

Clients with an open adoption subsidy case are eligible to receive home help services if they meet eligibility criteria. A comprehensive assessment must be completed to determine need for services. The use of both home help and adoption subsidy is permitted as the programs are different and not considered a duplication of services.

## NURSING FACILITY TRANSITION (NFT)

The Nursing Facility Transition (NFT) program provides Medicaid eligible seniors and adults with disabilities the opportunity to transition from a nursing facility into their own home or community setting of choice. NFT is administered through the Michigan Department of Health and Human Services (MDHHS) who contracts with waiver agents and Centers for Independent Living. Home help services is one option in maintaining independence in the community.

### ***Role of the Transition Agent***

The nursing facility transition agent is responsible for transitioning the client to the community. The goal of the transition agent is to have services in place upon discharge. The agent will:

- Contact the adult services unit prior to the resident's discharge from the nursing facility to establish how soon a referral should be made prior to transitioning.
- Coordinate referral time frame and completion of DHS-390, Adult Services Application, and DHS-54A, Medical Needs form, with adult services specialist.
- Invite the adult services specialist to case planning meetings.
- Coordinate home visit assessment date and alternative plans until home help is implemented.
- The transition agent will follow-up with the client for six months after the transition into the community.

**Note:** The nursing facility transition program **does not** cover personal care services.

### ***Role of the Adult Services Specialist***

After contact is made to the adult services unit the specialist will:

- Collaborate with the transition agent on implementing home help services.
- Determine how the DHS-390, Adult Services Application and the DHS-54A, Medical Needs form should be handled.
- Visit the client in the nursing facility prior to transition, if possible (best practice).
- Coordinate home visit for comprehensive assessment on the day of transition or soon after transition (best practice). A face-to-face visit is required in the client's home even if an assessment was completed while the client was in the nursing home.
- Participate in any case management meetings involving the client, if possible (best practice).

Payments for home help services must not begin until the client has transitioned to an independent setting.

**Note:** All individual home help providers must be enrolled in Champs and screened for a criminal history. Payment to the provider cannot be approved prior to the criminal history screen.

Referrals received from the Nursing Facility Transition Program should be treated as a **priority**, such as, hospice, hospital, or APS referrals. **Do not** deny a referral if the client is residing in a nursing facility at the time of the request for services.

#### **Special Adult Protective Services Home Help Component**

Special adult protective services (APS) home help services (HHS) payments may be utilized to support vulnerable adults at risk of harm from abuse, neglect and/or exploitation. These funds are limited and utilized to reduce the individual's risk of harm and increase their safety, **on a temporary basis**, until a permanent resolution is established.



These services may be utilized to support an adult protective services plan for individuals who are also receiving home help services payments. When an adult in need of protective intervention is also receiving home help services payments, the adult protective services payments may not be utilized for services covered through home help.

Process payments for adult protective services/home help locally after the following requirements are met:

- The case is open for adult protective services on ASCAP.
- The provider is enrolled in Bridges with a service type of home help. Individual and agency providers must also register as a vendor with the state of Michigan. Providers must register and update their information online using Contract and Payment Express (C&PE) at [www.michigan.gov/CPExpress](http://www.michigan.gov/CPExpress).
- Documentation supports the need for home help services as a part of the adult protective services plan.
- Payments are entered through the **Payments Module** on **ASCAP**.

There are no financial eligibility requirements to receive these service payments as they are not covered through Medicaid, Title XIX monies. Adult protective services payments must be utilized only when there is no other funding source available or other funding sources have been exhausted.

**Note:** Home help payments for adults in need of protection cannot exceed \$1000 in a twelve month fiscal year. No exceptions can be made to this policy.

#### **PACE (PROGRAM OF ALL- INCLUSIVE CARE FOR THE ELDERLY)**

The Program of All-Inclusive Care for the Elderly (PACE) is an innovative model of community-based care that enables individuals 55 years of age or older, who are certified by their state as needing nursing facility care, to live as independently as possible.

PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services designed to meet the following objectives:

- Enhance the quality of life and autonomy for frail, older adults;
- Maximize the dignity of, and respect for older adults.
- Enable frail, older adults to live in the community as long as medically and socially feasible, and;
- Preserve and support the older adult's family unit.

The financing model combines payments from Medicare and/or Medicaid, allowing PACE organizations to provide all needed services rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems.

The PACE organization becomes the sole source of service from Medicare and Medicaid beneficiaries who choose to enroll in a PACE organization. **Home help services must not be approved for individuals receiving PACE.**

The level of care for PACE participants is **07**. In addition to PACE, recipients receiving home help will also have a level of care **07**. To identify whether a client is receiving services through PACE, one of the following PACE organizations will be listed as the medical provider:

PACE of Southeast Michigan- Rivertown  
250 McDougall  
Detroit, Michigan 48207

PACE of Southeast Michigan - Southfield  
24463 West Ten Mile Road  
Southfield, Michigan 48033

PACE of Southeast Michigan - Warren Alternative Care Setting  
30713 Schoenherr Road  
Warren, Michigan 48088

Care Resources  
1471 Grace Street, S.E.  
Grand Rapids, Michigan 49506

CentraCare  
200 West Michigan Avenue #103  
Battle Creek, Michigan 49017

CentraCare  
445 West Michigan Avenue  
Kalamazoo, Michigan 49001

LifeCircles, PACE - Muskegon  
560 Seminole Road  
Muskegon, Michigan 49444

Life Circles - Holland  
12330 James Street  
Holland, Michigan 49424

PACE of Southwest Michigan  
2900 Lakeview Avenue  
St. Joseph, Michigan 49085

VOANS Senior Community Care  
1921 East Miller Road  
Lansing, Michigan 48911

Great Lakes PACE  
3378 Fashion Square Boulevard  
Saginaw, Michigan 48603

Huron Valley PACE  
2940 Ellsworth Road  
Ypsilanti, Michigan 48197

Genesys PACE of Genesee County  
412 E. First Street  
Flint, Michigan 48502

Thome PACE  
2282 Springport Road  
Jackson, Michigan 49202

See BEM 167 for additional information regarding PACE.

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**MI HEALTH LINK  
PROGRAM**

See ASM 126, MI Health Link Program, for information regarding the integrated care demonstration project.

**LEVEL OF CARE  
(LOC)**

In order to effectively coordinate home help services and avoid duplication of services, the client's level of care (LOC) must be reviewed to determine enrollment in other programs. Under Medicaid, the level of care is used to indicate the type of services the client is receiving.

The adult services specialist must verify the client's level of care status on ASCAP under the Bridges Eligibility screen.

**Description of  
Level of Care  
Codes**

The following are level of care code descriptions:

***Level of Care-02 Long Term Care Facility***

Clients with a level of care 02 are receiving services in:

- Nursing facility.
- County medical facility.
- Hospital long-term care facility.
- Hospital swing bed.

Client with this level of care status **cannot** receive home help services while admitted in these facilities.

***Level of Care-07 Medicaid Health Plan***

Clients with a level of care 07 are enrolled in a Medicaid Health Plan. Home help services can be approved for clients with this status code.

***Exception:*** The level of care for PACE recipients is also **07**. See above list of medical providers which will identify if a client is receiving PACE. Home help services **must not** be approved for individuals receiving PACE.

**Exception:** The level of care for MI Health Link (MHL) recipients is also **07**. Adult services staff will be able to identify MHL recipients if one of the Integrated Care Organizations (ICO) is listed as the Medicaid provider under the level of care module in ASCAP.

### ***Level of care 16- Hospice***

Clients with a level of care 16 are receiving hospice services. Home help services may be available to a hospice client living at home, not residing in a hospice residence, nursing facility or adult foster care home.

Hospice services must be utilized prior to home help services. Home help may be approved in addition to hospice care and must not duplicate or replace hospice services. The adult services specialist must contact the hospice coordinator to verify the service and frequency provided by hospice.

### ***Level of Care 22 MI Waiver***

Client with a level of care 22 are receiving services from the MI Choice waiver. Participants of the MI Waiver **cannot** receive services from both the waiver and home help services.

### ***Level of Care 32-Institutional Status***

Clients with a level of care 32 are involuntarily residing in a detention facility. Medicaid does not reimburse for services provided to individuals being held in a detention facility against their will except for those directly related to an inpatient hospital stay provided in a non-state-owned facility. Clients with this level of care **cannot** receive home help services.

### ***Level of Care 17 - State Psychiatric Facility***

Clients with a level of care 17 are residing in a state psychiatric facility. Clients with this level of care **cannot** receive home help services.

For a complete list of level of care codes, refer to the level of care job aid on the adult services home page.